Lou 2/27/85
Received Competative Contracts (PCD)
from Joe Jarinelli to substantiate
our PCD's in locations with
Carlton Fixtures.

GB

51856 0274

Source: https://www.industrydocuments.ucsf.edu/docs/hmhn0000

NATION WIDE TOLL FREE NUMBER (800) 223-7404

INVOICE	TO: LORILLARD REGIONAL SALES MANAGER	DATE 7/10/84

FROM

NAME OF CHAIN: Cromwell T/A Home Liquors
STREET ADDRESS: 501 Schuyler Ave.
CITY: Lyndhurst STATE: N.J. ZIP: 07071

DIVISION NO.: 114
REGION NO.: 20
VENDOR NO.: CROL 229310

PAYMENT DUE FROM LORILLARD FOR QUARTER 2nd. 19 84 UNDER THE LORILLARD MERCHANDISING PLAN I

ATTACHED IS A LIST OF QUALIFYING STORES

PLAN I

WEEKLY CARTON CIGARETTE SALES PER STORE			1st MONTH		2nd MONTH		3rd MONTH		TOTALS FOR QUARTER	MONTHLY RATE		TOTAL
NUMBER OF FULL SHELVES	500 +		11	+	11	+	11	=	33	x $44.00	=	1452.00
	300-499			+		+		=		x $32.00	=	
	200-299			+		+		=		x $15.00	=	
	100-199			+		+		=		x $ 8.00	=	
NUMBER OF STORES WITH ONE REAR EXTENDER	500 +	UCM		+		+		=		x $24.00	=	
		STD	8	+	7	+	7	=	22	x $21.00	=	462.00
	300-499	UCM		+		+		=		x $21.00	=	
		STD		+		+		=		x $18.00	=	
	200-299	UCM		+		+		=		x $ 8.75	=	
		STD		+		+		=		x $ 7.50	=	
NUMBER OF STORES WITH TWO REAR EXTENDERS	500 +	UCM		+	1	+	1	=	2	x $45.00	=	90.00
		STD	1	+	1	+	1	=	3	x $39.00	=	117.00
	300-499	UCM		+		+		=		x $42.00	=	
		STD		+		+		=		x $36.00	=	
	200-299	UCM		+		+		=		x $17.50	=	
		STD		+		+		=		x $15.00	=	
NUMBER OF ROWS			2	+	2	+	2	=	6	x $ 6.00	=	36.00
			88	+	80	+	80	=	248	x $ 3.00	=	744.00
			37	+	40	+	40	=	117	x $ 2.50	=	292.50
				+		+		=		x $ 1.25	=	

Plan I Quarterly Payment Due ▶ $ 3,193.50

PLAN I — IN-LINE

NUMBER OF STORES WITH 16 ROWS	500 +			+		+		=		x $44.00	=	
	300-499			+		+		=		x $32.00	=	
	200-299			+		+		=		x $15.00	=	
NUMBER OF ADDITIONAL ROWS				+		+		=		x $ 3.00	=	
				+		+		=		x $ 2.50	=	
				+		+		=		x $ 1.25	=	

Plan I — In-Line Quarterly Payment Due ▶ $ 3,193.50

Total Quarterly Payment Due ▶ $

APPROVALS	DM/MCA	DATE	REGIONAL SALES MANAGER	DATE

S-173 (10/83) 2M

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Source: https://www.industrydocuments.ucsf.edu/docs/hmhn0000

FORM NO. 2013
PMUSA 9/80
POS # 13232

PHILIP MORRIS

INVOICE NUMBER

DATE MO/DA/YR 05 01 81

CHAIN MERCHANDISING INVOICE

ACCOUNT Pantry Home Liquors

STREET 501 Schanck Ave

CITY–STATE–ZIP Lyndhurst NJ 07071

REMIT TO: C

STREET

CITY, STATE ZIP

SPACE K/A NO. 26744 MARKET CODE

	PLANS	TYPE T-E-S	CATEGORY	CONTRACT PAYMENT PERCENT	TOTAL STORES CONTRACTED	MONTHLY PAYMENT PER STORE	BILLING PERIOD QTR/YR	NUMBER OF STORES IN COMPLIANCE MONTHS OF QUARTER 1	2	3	TOTAL	TOTAL($) AMOUNT DUE
CARTON FIXTURES	AC	E		51	8	1300	1 8 4	9	9	9	27	1,911 00
	AC	T		34	5	600	1 8 4	2	2	2	6	384 00
FLOOR BINS	A-1	STD										
	A-1	EXT	2		13	12.00	1 8 4		5		5	60 00
	A-1	P										
COUNTER DISPLAYS	B-4		1		10	28.00	1 8 4	7	7	7	21	588 00
SET SELLS	1											
	2											
	3											
	4											
	5											
	6											
SPECIAL PROMOS	A											
	B											
	C											
	D											

$ 3,103 00
TOTAL AMT. INVOICED

AUTHORIZED CHAIN SIGNATURE

PHILIP MORRIS FIELD APPROVALS FOR PAYMENT

MGR

SSM/SHA

TERRITORY ASSIGNMENT NO. 15 24 00

ACCT'G DEPT. USE ONLY

VENDOR NO.

VOUCHER NO. T

G.L. CODE

PROC'G. DATE

RECEIPT DATE

CAL'N

PAYMENT

51856 0276

ORIGINAL — MKTG ACCT'G NYO
DUPLICATE — SECTION OFFICE
TRIPLICATE — ACCOUNT
QUADRUPLICATE — FIELD MANAGER

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